## Campaign Finance Tracking Form for Local Election Officials

Call OCPF with campaign finance questions at 617-979-8300

Candidate of	r Committee Roni Gold	Year 2019
Report:	Pre-Preliminary 1 Pre-Election	30-DayYear-End
<u>-</u>	Organization / Providing Materials / Noti	fication *
	Organizational form provided to candidate or committee	
	Campaign finance report form provided to candidate or	•
	Summary of the campaign finance law provided (OCPI	guide booklet)
<u> </u>	Filing notice (includes reporting dates, due dates and la Pre-Preliminary Pre-Election 30-E	
*All forms, gui	des and notices can be delivered by e-mail	
		•
	Inspecting Reports	
The campa	rign finance law requires local election officials to "inspection finance reports within 30 days of a due of the finance reports within 30 days of the finance report	
· V	Correct dates for the relevant reporting period	
<u> </u>	Signatures	
<u>/</u>	Positive ending balance Her balance	
<u> </u>	If the M102-0 form is filed, the candidate does not have received any contributions, made any expenditures or i reporting period, and does not have a campaign fund in	ncurred any obligations during the
Contr	ibutions (Monetary receipts and in-kind contributions)	
•	Names and Addresses for contributions of mo	ore than \$50
	Occupation and Employer for contributions of	of \$200 or more
	No contributions from corporations, business p	eartnerships, LLCs or LLPs
	No contributions from individuals for more that for other limits)	in \$1,000 (see OCPF's limits chart
purluhon	nditures	
Ruhin	Vendor Names and Addresses for expenditures	of more than \$50
Maria	Purpose information is disclosed	
	Reimbursements form (R-1s) filed for reimburse	ements , e
	Date of	of Inspection 17-13-17  Proveed



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

OCT 2 8 2019

of Massachusetts		File with: City-or-	Town Clork or Hech	en Commission
Fill in Reporting Period dates: Beginning Date:	1/19		HAMPJON MA 01	
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election [	30 day	after election	report  dis	ssolution
Roni Gold  Candidate Full Name (if applicable)  At Lorge School Committee  Office Sought and District  15 Cinden Street Northamplon, MA  Residential Address  E-mail: Conigold 10 gmail. com  Phone # (optional): 551 206 8917	<u> </u>	Committee to Ele  Committee Na  Name of Committee  Linden St. Work  Committee Mailing  Missy, pp. Ohe  ptional): 551 206 8	to Treasurer Mounphonem Address	A 01040
SUMMARY BALANCI	E INFOI	RMATION:		
Line 1: Ending Balance from previous report	[	O		·
Line 2: Total receipts this period (page 3, line 11)		0		
Line 3: Subtotal (line 1 plus line 2)	0			
Line 4: Total expenditures this period (page 5, line	0			
Line 5: Ending Balance (line 3 minus line 4)	a	0		
Line 6: Total in-kind contributions this period (page	ge 6)	\$463.00		!
Line 7: Total (all) outstanding liabilities (page 7)	i	Ö		
Line 8: Name of bank(s) used: Currently	No B	ank		,
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box Candidate with Committee  Candidate with Committee  Candidate with at I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in acc incurred any liabilities nor made any expenditures on my behalf during this reporting  Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	x only)  best of my krordance with period that at the best of my krordance with t	and liabilities for this reporting period ith the requirements of M.G.L. c. 55.  (Treasurer's signature)  nowledge and belief, a true and complete requirements of M.G.L. c. 55. I he not otherwise disclosed in this reportional completion of the reportion of the reportion and liabilities for this reportion.	Date:	ampaign finance contributions,
Signed under the penalties of perjury:		(Candidate's signature)		<del>7.//</del>

#### **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			/
Line O: Total Passi	nto over \$50 (or listed shave)		
	ots over \$50 (or listed above)		
	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
ĺ	[[			
				<u> </u>
<u></u>				
<u> </u>				<u> </u>
Line 12: Total Expenditures over \$50 (or listed above)				
	Line 13: Total Expenditures \$50 and under* (not listed above)			
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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#### **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid	Address	Purpose of Expenditure	Amount
Date Palu	(alphabetical listing)	Address	1 ur pose of Expenditure	Amount
	·			
				,
		11		
				<u> </u>
	·			
		Line 12: Expenditures over \$	550 (or listed above)	0
Line 13: Expenditures \$50 and under* (not listed above)			0	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				0

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
10/6/19	Joinathan Brody Clinical Social worker Self Employed	59 williams street Northampton, motoro	Lawn Signs and Business Cards	1463.00/la
				,
			·	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	£46300/100
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	<del></del>
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	8463 00/100

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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#### **SCHEDULE D: LIABILITIES**

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	·			
·	Enter on page 1 line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0